

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI MR JOEL V NICKNAME LAST SUFFIX WILLIAMS			OFFICE USE ONLY Date Received	
	4 CANDIDATE / OFFICEHOLDER ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3551 BOTTOMLESS LAKE SAN ANTONIO, TX 78222 <input type="checkbox"/> Change of Address				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI MR CHARLES D NICKNAME LAST SUFFIX REED			Date Hand-delivered or Date Postmarked	
	6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3602 HERRON COURT SAN ANTONIO, TX 78217			Receipt # Amount	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 599 0950			Date Processed	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year MAY/20/03    JUL/8/03				
10 ELECTION	ELECTION DATE Month Day Year MAY/27/03		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) CITY COUNCIL DIST 2		12 OFFICE SOUGHT (if known)		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name _____ Address / PO Box; Apt. / Suite #; City; State; Zip Code _____				
	<input type="checkbox"/> additional pages				

GO TO PAGE 2

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

JOEL WILLIAMS

15 ACCOUNT # (Ethics Commission files)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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17 NO REPORTABLE  
ACTIVITY
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

3,105.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

6,614.00


OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joel Williams, this the 8 day of July, 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Financial Service Rep.

Jacob Sanchez

  
Signature of officer administering oath



JACOB SANCHEZ  
MY COMMISSION EXPIRES  
November 18, 2003

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:7 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

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contribution (\$)In-kind contribution  
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Date

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contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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**Political Contributions  
Other Than Pledges or Loans**

**May 20th, 2003 thru July 8th, 2003**

**SCHEDULE A1**

<b>Date</b>	<b>Full Name of Contributor</b>	<b>Amount of Contribution</b>	<b>In Kind Contribution Description</b>
20 May	Dr MA Zaccaria 303 East Quill Dr SATX 78228	100.00	
20 May	T. L. Hall P.O. BOX 12550 SATX 78212	100.00	
20 May	J.S. Covarrubias 204 Shalimar SATX 78213	100.00	
20 May	J. Castro 143 Globe SATX 78228	250.00	
20 May	P. Birney 370 Edge Hill ,Canyon Lake, TX78133	250.00	
20 May	DSABC PAC 909 Broadway SATX 78215	250.00	
20 May	M. Brady 600 Elizabeth Rd SATX 78209	250.00	
22 May	R.J. Vensas 15365 Mutiny Ct Corpus Christi, TX	100.00	
22 May	S Durden 411 FM 473 Comfort, TX 78013	150.00	
23 May	C Reed 3602 Herron Ct SATX 78217	100.00	

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**Political Contributions  
Other Than Pledges or Loans**

**May 20th, 2003 thru July 8th, 2003**

**SCHEDULE A1**

Date	Full Name of Contributor	Amount of Contribution	In Kind Contribution Description
------	--------------------------	------------------------	----------------------------------

23 May	SAH&LA PAC P.O. Box 691754 SATX 78269	250.00	
23 May	J. German 2115 Encino Cliff SATX 78259	75.00	
23 May	CEC of Texas PAC 1001 Congress Ave Austin, TX 78701	280.00	
27 May	E Williams 320 Army Blvd SATX 78215	100.00	
28 May	K. Wolf 1020 NE. Loop 10 SATX 78209	100.00	
28 May	L.H. Stumberg 832 Eventide SATX 78209	150.00	
28 May	H.B. Zachry Jr 310 S. St Marys SATX 78205.	250.00	
28 May	D Zachry PO.Box 240130 SATX 88224	100.00	
29 May	J.P. Zachry 310 S. St Mary's SATX 78205	150.00	

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F:

**2 FILER NAME****3 ACCOUNT #** (Ethics Commission filers)**4 Date****5 Payee name****7****Amount (\$)****6 Payee address;** City; State; Zip Code**8 Purpose of payment** (See instructions regarding type of information required.).. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held**Date****Payee name****Amount (\$)**

Payee address; City; State; Zip Code

**Purpose of payment** (See instructions regarding type of information required.).. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held**Date****Payee name****Amount (\$)**

Payee address; City; State; Zip Code

**Purpose of payment** (See instructions regarding type of information required.).. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held**Date****Payee name****Amount (\$)**

Payee address; City; State; Zip Code

**Purpose of payment** (See instructions regarding type of information required.).. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****ATTACHED****SEE**RECEIVED  
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Political Expenditures		May 20 <sup>th</sup> , 2003 thru July 8th, 2003		SCHEDULE F
Date	Payee Name-Address-City	Purpose of Payment	Amount of Expenses	
May 21	US Postal Service	Postal Box	21.00	
May 21	SNAP NEWS	AD	200.00	
May 21	Easy Drive 906 Ruiz St SATX 78207	Stakes	181.00	
May 22	Home Depot 527 Fair Ave SATX 78223	Office Supplies	211.00	
May 22	Allied Advertising 3700 Blanco SATX 78212	Signage	531.00	
May 23	SA Register 1922 E. Houston	AD	400.00	
May 23	KINKOs	Printing	781.00	
May 23	Election Services 4958 Military Drive West SATX 78242	Election Support	1,500.00	
May 23	N. Marshall Catering 700 Latimer SATX 78220	Catering	787.00	
May 24	SBC	HQ Telephones	298.00	
May 24	AFEES-	Office Supplies	320.00	
May 24	SNAP NEWS	AD	200.00	

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Political Expenditures		May 20 <sup>th</sup> , 2003 thru July 8th, 2003		SCHEDULE F
Date	Payee Name-Address-City	Purpose of Payment	Amount of Expenses	
May 26	P. Williams 3551 Bottomless Lk SATX 78222	Cake/Pastry	100.00	
May 29	SA OBERVER P.O. BOX 200226 SATX 78220	AD	464.00	
June 21	African American Reflections Juneteenth	Table	320.00	
July 5	KAT C Communications	AD	300.00	

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